

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

10

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		178898.71
(b) Cash on Hand at Beginning of Reporting Period .....	228574.83	
(c) Total Receipts (from Line 19) .....	22030.00	235151.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	250604.83	414049.71
7. Total Disbursements (from Line 31) .....	46982.40	210427.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	203622.43	203622.43
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18930.00	195991.00
(i) Itemized (use Schedule A) .....	3100.00	39160.00
(ii) Unitemized .....	22030.00	235151.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	22030.00	235151.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22030.00	235151.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22030.00	235151.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		482.40	4427.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		482.40	4427.28
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		46500.00	204000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	2000.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	2000.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		46982.40	210427.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		46982.40	210427.28

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22030.00	235151.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22030.00	233151.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	482.40	4427.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	482.40	4427.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Bouman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 44 Ridge Rd		<b>Transaction ID:</b> 73c82fa94a3d740496f Amount of Each Receipt this Period 500.00
City Portland	State ME	
Zip Code 04103-4715		
FEC ID number of contributing federal political committee. C		
Name of Employer Bates Mill Dermatology, PLLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jean Braun		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address Lower Level 105 Bierer Ln		<b>Transaction ID:</b> 5200cb26eb3379d5976 Amount of Each Receipt this Period 250.00
City Uniontown	State PA	
Zip Code 15401-3117		
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Cheshire		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 103 Pinetop Cir W		<b>Transaction ID:</b> eacc46f4b9342acb81a Amount of Each Receipt this Period 500.00
City Fairhope	State AL	
Zip Code 36532-3374		
FEC ID number of contributing federal political committee. C		
Name of Employer Bay Shore Dermatology, PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Grace Chung		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 123 Muirfield Ct		
City	State	Zip Code
Moorestown	NJ	08057-3954
FEC ID number of contributing federal political committee.		Transaction ID: 993e291b6d0b3ab6324
		Amount of Each Receipt this Period 500.00
Name of Employer Woodbury Medical Center		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lloyd Cleaver		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 7545		
City	State	Zip Code
Kirksville	MO	63501-7545
FEC ID number of contributing federal political committee.		Transaction ID: DF9967C4-9D51-47E4-
		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Chalmers Cornelius		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 1 Andover Rd		
City	State	Zip Code
Haverford	PA	19041-1002
FEC ID number of contributing federal political committee.		Transaction ID: a82ec513d7b35eae610
		Amount of Each Receipt this Period 250.00
Name of Employer Bryn Mawr Skin & Cancer Inst.		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jorge Crespo Mailing Address 32 Foley Rd City State Zip Code Chesterfield NH 03443-3801 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 7f2f62ddc30c3b05bab Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Terrence Cronin Mailing Address 495 Spoonbill Ln City State Zip Code Melbourne Beach FL 32951-3269 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 5ff410dfe4cf319a543 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Anh Dang-Vu Mailing Address 12808 Tournament Dr City State Zip Code Reston VA 20191-5860 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 97ee49a980501b484a7 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tami DeAraujo

Mailing Address Apt 1109  
1688 West Ave

City State Zip Code  
Miami Beach FL 33139-2383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology and Laser Cen-  
ter

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 0 7

Transaction ID: 1200b48fd721a1baae1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott DeBates

Mailing Address 22398 Burr Oak Cir

City State Zip Code  
Gretna NE 68028-4858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist Physicians Clin-  
ic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

Transaction ID: 61304f6b6659a4bf5f7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James DeBloom

Mailing Address 6 Cricken Tree Dr

City State Zip Code  
Simpsonville SC 29681-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Skin Cancer  
Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 7

Transaction ID: 4307053e38042075854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Durst		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> d2eeca208c61913e7d7
Mailing Address 7310 SW Robins Dr		
City Topeka	State KS	Zip Code 66610-1548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		
Occupation Physician		Aggregate Year-to-Date ▼ 700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Farris		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> 4cfda44db09fb42bc35
Mailing Address 3909 Eagle Lake Ct		
City Arlington	State TX	Zip Code 76016-3800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northeast Tarrant Dermatology		
Occupation Dermatologist		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Roger Golomb		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> d1ce7c9ef42a0554148
Mailing Address 18 Winston Dr		
City Belleair	State FL	Zip Code 33756-1646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		
Occupation Dermatologist		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 29

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jeffrey Grant

Mailing Address 4522 E Mountain View Rd

City State Zip Code  
 Phoenix AZ 85028-5214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 7

Transaction ID: 24a0f373dea92f14072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Armando Guardiola

Mailing Address De Diego Number 102 E

City State Zip Code  
 Mayaguez PR 00680-4700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 6 / 2 0 0 7

Transaction ID: 55aa3c52f7088e2c1e6

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C.** Robert Henderson

Mailing Address 4032 Lambert Trl

City State Zip Code  
 Birmingham AL 35242-7487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shelby Dermatology PC

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 4 / 2 0 0 7

Transaction ID: c9bd1dcb302d83d28c5

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Anthony Janiga

Mailing Address 2004 Palmer Dr

City State Zip Code  
 Naperville IL 60564-5664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

Transaction ID: bbf0249fd7e15b1fe6f

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B.** Joseph Jensen

Mailing Address Ste 201  
 7396 Union Park Ave

City State Zip Code  
 Midvale UT 84047-6702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 7

Transaction ID: ba32acff61c10cbfd0c

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Aaron Katz

Mailing Address 509 Spaulding Lake Dr

City State Zip Code  
 Greenville SC 29615-6036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spartanburg Dermatology &  
Skin Surgery

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 7

Transaction ID: 0f8b3eff70557361db5

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth Katz Mailing Address 9801 Lake Shore Rd City State Zip Code Newton WI 53063-9508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dermatology Associates of Wisconsin Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> 6478c98f633cfa290c7 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Katz Mailing Address 9801 Lake Shore Rd City State Zip Code Newton WI 53063-9508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dermatology Associates of Wisconsin Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> cbcd582ac410df4c4f3 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Neil Korman Mailing Address Department of Dermatology 11100 Euclid Ave City State Zip Code Cleveland OH 44106-1736 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Hospitals Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 03829c5f108673c682c Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff Ligon		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 112 S Bragg Ave		<b>Transaction ID:</b> 3bf2b0f41d6c263ca46
City Lookout Mountain	State TN	Zip Code 37350-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Mann		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address 7354 E Valley Lights Pl		<b>Transaction ID:</b> f7542478a6874f059e6
City Tucson	State AZ	Zip Code 85750-6267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician - Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Beno Michel		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 5 Hampton Ct		<b>Transaction ID:</b> 2710b10fa5633a1f4f4
City Beachwood	State OH	Zip Code 44122-7503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address 35 Woodvale Ave		
City	State	Zip Code
Greenville	SC	29605-1130
FEC ID number of contributing federal political committee.		Transaction ID: 63f6594083ecdd13ad8
		Amount of Each Receipt this Period
		500.00
Name of Employer Professional Medical Center		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		500.00

<b>B.</b> Full Name (Last, First, Middle Initial) John Miner		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 4721 Old Grand River Trl NE		
City	State	Zip Code
Ada	MI	49301-8615
FEC ID number of contributing federal political committee.		Transaction ID: acb88a2be44565d4a96
		Amount of Each Receipt this Period
		500.00
Name of Employer Dermatology Associates of West MI		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Rebekah Oyler		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 1513 Tradescant Ct		
City	State	Zip Code
Raleigh	NC	27613-7459
FEC ID number of contributing federal political committee.		Transaction ID: 32cf473bc42018a595b
		Amount of Each Receipt this Period
		250.00
Name of Employer Andrus & Associates Dermatology		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Julia Padgett Mailing Address 12805 Saddleseat PI City Richmond State VA Zip Code 23233-7687 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University of Virginia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 664acc11c2085dc10e5 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Louis Palmer Mailing Address 105 Doctors Dr City Bridgeport State WV Zip Code 26330-1720 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 7 <b>Transaction ID:</b> 246f566914eac38dc09 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) William Paul Mailing Address 6411 Mountain Brook Dr City Columbus State GA Zip Code 31904 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Columbus Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7 <b>Transaction ID:</b> 67d06b9457ec56c32de Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Vicente Quintero		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1790 Oak Gln		
City	State	Zip Code
New Braunfels	TX	78132-3839
FEC ID number of contributing federal political committee.		Transaction ID: 99956c401225cc5b01e
Name of Employer Hill Country Dermatology		Amount of Each Receipt this Period 500.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Hiram Ruiz		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address Ste 907 1845 Carr 2		
City	State	Zip Code
Bayamon	PR	00959-7206
FEC ID number of contributing federal political committee.		Transaction ID: 4bfbf1d115ac87afade
Name of Employer Derma Surgery		Amount of Each Receipt this Period 1000.00
Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Schoenfeld		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 1194 Fairfax St		
City	State	Zip Code
Birmingham	MI	48009-1033
FEC ID number of contributing federal political committee.		Transaction ID: 64454d2afcbb0dee6a5
Name of Employer Self Employed		Amount of Each Receipt this Period 250.00
Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kristina Shaffer		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 852 Osceola Ave		
City Saint Paul	State MN	Zip Code 55105-3328
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> b2305aedbf065a01cc4
Name of Employer Self Employed		Amount of Each Receipt this Period 250.00
Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly Skaff		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 1879 Loudon Heights Rd		
City Charleston	State WV	Zip Code 25314-1564
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 10ca77b4dbe49de3fd9
Name of Employer Self Employed		Amount of Each Receipt this Period 250.00
Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 9395 Mount Vernon Cir		
City Alexandria	State VA	Zip Code 22309-3218
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 80039d14e144ad19067
Name of Employer Associates in Dermatology		Amount of Each Receipt this Period 500.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Stephen Spencer

Mailing Address 4791 Harbor Point Ct

City State Zip Code  
 Port Charlotte FL 33952-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 7

Transaction ID: fb510d8da601855a055

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Deborah Spitz

Mailing Address 332 Washington St

City State Zip Code  
 Wellesley Hills MA 02481-6219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology Specialists  
of Wellesley

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 7

Transaction ID: 8463b33bf0e90813ec9

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Frederick Stier

Mailing Address Apt 6J  
 400 W 55th St

City State Zip Code  
 New York NY 10019-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 7 / 2 0 0 7

Transaction ID: 70bb8d74bb2e7b2c247

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Val Pierre Vallat Mailing Address Ste 100 3006 Baucom Rd City Charlotte State NC Zip Code 28269-6763 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Dermatology, PLLC Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> 99b3ddf9a29df63b19f Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Patricia Vitale Mailing Address 6015 Pioneer Ridge Cir City Salt Lake City State UT Zip Code 84108-1609 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dermatopathology Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 3ea9656c50ecfc77dba Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Larry Warner Mailing Address 7733 Old Receiver Rd City Frederick State MD Zip Code 21702-2754 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> 742cf1c5f2f5858b556 Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Douglas Wilson

Mailing Address 1209 Winslow Way

City State Zip Code  
 Paducah KY 42001-6506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Grass Dermatology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 7

Transaction ID: 26db7a50162c04ad46a

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Libbyette Wright

Mailing Address 2111 Elmen St

City State Zip Code  
 Houston TX 77019-6801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Skin Surgery Center  
of Houston

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 3 / 2 0 0 7

Transaction ID: 9545216dae049c6ed05

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

18930.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
AMEX Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V05675-0019037127494

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

172.27

Full Name (Last, First, Middle Initial)

## **B. Merchant Services**

Mailing Address PO Box 6603

City  
Hagerstown

State  
MD

Zip Code  
21741-6603

Purpose of Disbursement  
VS/MC Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V64531-0595819354057

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. Merchant Services**

Mailing Address PO Box 6603

City  
Hagerstown

State  
MD

Zip Code  
21741-6603

Purpose of Disbursement  
VS/MC Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V05675-0264245867729

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

280.13

**SUBTOTAL** of Disbursements This Page (optional) .....

482.40

**TOTAL** This Period (last page this line number only) .....

482.40

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Berkley for Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Contribution

Candidate Name  
Shelley Berkley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: 23612-0718500018119

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Charles Boustany Jr Md for Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

Candidate Name  
Charles Boustany

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 23612-2590143084526

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Citizens for Harkin

Mailing Address PO Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
Contribution

Candidate Name  
Tom Harkin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: 23612-2801935076713

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dave Camp for Congress 2008

Mailing Address 5915 Eastman Avenue Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
Contribution

Candidate Name  
Dave Camp

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 23612-3640863299369

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Farr

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement  
Contribution

Candidate Name  
Sam Farr

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 17

Transaction ID: 23612-6260034441948

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Gordon Smith

Mailing Address 228 S Washington Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Contribution

Candidate Name  
Gordon Smith

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: 23612-8894616961479

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of John Barrasso

Mailing Address 6896 Casper Mountain Road

City State Zip Code  
Casper WY 82601

Purpose of Disbursement  
Contribution

Candidate Name  
John Barrasso

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District:

Transaction ID: 23612-1110345721244

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Sherrod Brown

Mailing Address PO Box 76187  
Suite 800

City State Zip Code  
Washington DC 20013

Purpose of Disbursement  
Contribution

Candidate Name  
Sherrod Brown

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 23612-0556604266166

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Gene Green Congressional Campaign

Mailing Address PO Box 16128

City State Zip Code  
Houston TX 77222

Purpose of Disbursement  
Contribution

Candidate Name  
Gene Green

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 24066-4555322527885

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Gingrey for Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Contribution

Candidate Name  
John Gingrey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 23612-0767175555229

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Mary Bono Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement  
Contribution

Candidate Name  
Mary Bono

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 23612-3235589861869

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Matheson for Congress

Mailing Address PO Box 521048  
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement  
Contribution

Candidate Name  
Jim Matheson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 23612-3496057391166

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City  
Fremont

State  
CA

Zip Code  
94537

Purpose of Disbursement  
Contribution

Candidate Name  
Pete Stark

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 23612-7655755877494

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Rangel for Congress

Mailing Address PO Box 5577  
 Manhattanville Station

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement  
Contribution

Candidate Name  
Charles Rangel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 23612-7051202654838

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Richard Burr Committee

Mailing Address Post Office Box 5928

City  
Winston-Salem

State  
NC

Zip Code  
27113

Purpose of Disbursement  
Contribution

Candidate Name  
Richard Burr

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: 23612-9105188250541

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Contribution

Candidate Name  
Michael Simpson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Transaction ID: 23612-8763238787651

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Tammy Baldwin for Congress

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contribution

Candidate Name  
Tammy Baldwin

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: 23612-6800500750541

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Texans for Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Boulevard  
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Contribution

Candidate Name  
John Cornyn

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Transaction ID: 23612-5030328631401

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Walden for Congress Inc.

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
Contribution

Candidate Name  
Greg Walden

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: 23612-9632379412651

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

46500.00